



Human Services Department/ Youth & Family Services
39155 Liberty Street, Suite E-500, P.O. Box 5006, Fremont, CA 94537-5006
510-574 2100 *ph* / 510-5742105 *fax* / www.fremont.gov

2012-2013 INTERNSHIP/PRACTICUM APPLICATION

Name: _____

Home Address: _____

Phone: (home) _____ (work) _____ (pager/cell) _____

E-mail: _____ Fax number: _____

Name of Graduate School: _____ Intern registration#: _____
(for MFT bound, post degree candidates)

Degree Program: ☐ Masters/Counseling ☐ Ph.D/Psy.D. ☐ PPS ☐ MSW

Date Degree Obtained: _____ or projected date: _____

Number of supervised clinical hours you will have completed by **8/2012**: _____

How did you hear about this placement? _____

Briefly describe the following, including relevant volunteer and life experiences:

1. Counseling/other experience with families:

2. Counseling/other experience with children and/or adolescents:

3. Counseling/other experience with clients from diverse cultures:

Complete both sides of form

Rev 6/11

4. Counseling/other experience with low-income clients:

5. Experience or training in crisis intervention:

6. Other life experiences or previous occupations you consider relevant:

7. Indicate languages, in addition to English, in which you could conduct a counseling session:

8. Will you have completed the following courses by 8/2012?

Law and Ethics:	yes	no
Child Abuse Reporting:	yes	no
Family Therapy	yes	no
Child Therapy	yes	no

Do you have a preference at this point among the program options?

☐ school site/clinic ☐ clinic ☐ police dept ☐ truancy intervention program

Please give the names and phone numbers of three people who could provide references, at least two of whom know your clinical skills or your work in a graduate program. These people would not be contacted until after an interview.

<u>Name</u>	<u>Relationship:</u>	<u>emails</u>	<u>phone number:</u>
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1. _____

2. _____

3. _____

I authorize Youth and Family Services staff to contact the above people to discuss my qualifications for the internship program at YFS. I certify that the above information is true, complete, and correct to the best of my knowledge. I understand that mis-statements may subject me to disqualification or dismissal.

Signature: _____ Date: _____

Return this application, along with your resume, to:

**Laurie Linscheid, M.F.T., Clinical Supervisor
City of Fremont Youth and Family Services
P.O. Box 5006
Fremont CA 94537-5006**

Or you can fax to 510-574-2105 or email to llinscheid@fremont.gov